

ORDER FOR SUPPLIES OR SERVICES						Form Approved		Page 1 Of 5			
1. Contract/Purch Order No.		2. Delivery Order No.		3. Date Of Order		4. Requisition/Purch Request No.		5. Certified for National Defense Under DMS Reg 1 Priority DOA5			
DAAE20-00-P-0490				2000SEP28		SEE SCHEDULE					
6. Issued By		Code		7. Administered By (If other than 6)		Code		8. Delivery FOB			
TACOM-ROCK ISLAND AMSTA-LC-CFA-B RITA NELSON (309) 782-4858 ROCK ISLAND IL 61299-7630  EMAIL: NELSONR@RIA.ARMY.MIL		W52H09		DCMC CHICAGO P O BOX 66911 CHICAGO IL 60666-0911		S1403A		<input type="checkbox"/> Dest <input checked="" type="checkbox"/> Other			
				SCD C PAS NONE ADP PT HQ0339				(See Schedule if other)			
9. Contractor		Code		Facility Code		10. Deliver To FOB Point By (Date)		11. Mark If Business Is			
MCNALLY INDUSTRIES INC 216 S PINE ST PO BOX 129 GRANTSBURG WI 54840-0219		96953				SEE SCHEDULE		<input checked="" type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned			
TYPE BUSINESS: Other Small Business Performing in U.S.						12. Discount Terms					
						0.50% 10 Days 0.25% 20 Days Net 30 Days					
						13. Mail Invoices To See Block 15					
14. Ship To		Code		15. Payment Will Be Made By		Code		Mark All Packages And Papers With Contract Or Order Number			
SEE SCHEDULE				DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS PO BOX 182381 COLUMBUS OH 43218-2381		HQ0339					
16. T O Y R P D E E R O F	Delivery	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.									
	Purchase	X	Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation DAAE2000T0312, Dated _____, furnish the following on terms specified herein.								
			Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same.								
Name Of Contractor		Signature		Typed Name And Title		Date Signed					
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:											
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE											
18. Item No.	19. Schedule Of Supplies/Service			20. Quantity Ordered/ Accepted*	21. Unit	22. Unit Price	23. Amount				
	SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price										
	KIND OF CONTRACT: Supply Contracts and Priced Orders										
* If quantity accepted by the Government is same quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. United States Of America			25. Total	\$4,530.08			
				By: VICKI AHLGRIM AHLGRIMV@RIA.ARMY.MIL (309) 782-3220			Contracting/Ordering Officer			29. Differences	
26. Quantity In Column 20 Has Been					27. Ship. No.	28. D.O. Voucher No.	30. Initials				
<input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted  _____ Date _____ Signature Of Authorized Govt Representative					<input type="checkbox"/> Partial <input type="checkbox"/> Final 31. Payment <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		32. Paid By		33. Amount Verified Correct For		
36. I certify this account is correct and proper for payment							34. Check Number		35. Bill Of Lading No.		
37. Received At		38. Received By		39. Date Received		40. Total Containers		41. S/R Account No.		42. S/R Voucher No.	

<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> DAAE20-00-P-0490 <b>MOD/AMD</b>	<b>Page</b> 2 <b>of</b> 5
<b>Name of Offeror or Contractor:</b> MCNALLY INDUSTRIES INC		

SUPPLEMENTAL INFORMATION  
EARLIER DELIVERY IS ACCEPTABLE AT NO COST TO THE GOVERNMENT.

\*\*\* END OF NARRATIVE A 008 \*\*\*  
PHOSPHATE COATING PROCEDURES, IN ACCORDANCE WITH MIL-DTL-16232, ARE REQUESTED WITHIN 60 DAYS AFTER AWARD.

\*\*\* END OF NARRATIVE A 009 \*\*\*  
THE CAO ADDRESS FOR DD FORM 250 DISTRIBUTION ONLY IS AS FOLLOWS:

DCMC CHICAGO-MILWAUKEE  
310 W. WISCONSIN AVE. SUITE 340  
MILWAUKEE, WI 53203-2282

\*\*\* END OF NARRATIVE A 010 \*\*\*

CONTINUATION SHEET	Reference No. of Document Being Continued PIIN/SIIN DAAE20-00-P-0490 MOD/AMD	Page 3 of 5
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Name of Offeror or Contractor: MCNALLY INDUSTRIES INC

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
0001	<p>SUPPLIES OR SERVICES AND PRICES/COSTS</p> <p><u>Supplies or Services and Prices/Costs</u></p> <p><u>PRODUCTION QUANTITY WITHOUT FIRST ARTICLE/OV</u></p> <p>NSN: 1015-01-432-3137 NOUN: CATCH,EXTRACTOR FSCM: 19206 PART NR: 12901166 SECURITY CLASS: Unclassified PRON: M101F431M1 PRON AMD: 02 ACRN: AA AMS CD: 070011HRATM</p> <p><u>Packaging and Marking</u> PACKAGING/PACKING/SPECIFICATIONS: 12901166 UNIT PACK: 1 INTERMEDIATE PACK: 1 LEVEL PRESERVATION: Commercial LEVEL PACKING: Commercial</p> <p><u>Inspection and Acceptance</u> INSPECTION: Origin ACCEPTANCE: Origin</p> <p><u>Deliveries or Performance</u> DOC SUPPL <u>REL CD MILSTRIP ADDR SIG CD MARK FOR TP CD</u> 001 W52H090180A602 W45G19 J 2 <u>DEL REL CD QUANTITY DEL DATE</u> 001 46 28-MAR-2001</p> <p>FOB POINT: Destination</p> <p>SHIP TO: <u>PARCEL POST ADDRESS</u> (W45G19) XU W390 RED RIVER MUNITIONS CTR RECEIVING BLDG 499 10 ST AND K AVE TEXARKANA TX 75507-5000</p> <p><u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-00-P-0490/0000</p>	46	EA	\$ 98.48000	\$ 4,530.08
0002	<p><u>Supplies or Services and Prices/Costs</u></p> <p><u>DATA ITEM</u></p> <p>SECURITY CLASS: Unclassified Contractor will prepare and deliver the technical data in accordance with the requirements, quantitties and schedules set forth in the Contract Data Requirements Lists (DD Form 1423), Exhibit A. It is required that data items be delivered using electronic media. Refer to the DD Form 1423 for more specific electronic delivery information.</p> <p>A DD250 IS NOT REQUIRED</p>			\$ ** NSP **	\$ ** NSP **

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ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	<p>(End of narrative B001)</p> <p><u>Inspection and Acceptance</u></p> <p>INSPECTION: Origin      ACCEPTANCE: Destination</p>				

**CONTINUATION SHEET****Reference No. of Document Being Continued**

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PIIN/SIIN DAAE20-00-P-0490

MOD/AMD

**Name of Offeror or Contractor:** MCNALLY INDUSTRIES INC

## CONTRACT ADMINISTRATION DATA

										JOB			
LINE	PRON/	OBLG								ORDER	ACCOUNTING	OBLIGATED	
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>						<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>	
0001AA	M101F431M1	AA	2	97	X4930AC6G	6D		26FB	S11116		W52H09	\$	4,530.08
070011HRATM													
											TOTAL	\$	4,530.08

SERVICE						ACCOUNTING	OBLIGATED
<u>NAME</u>	<u>TOTAL BY ACRN</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>	<u>AMOUNT</u>
Army	AA	97	X4930AC6G	6D	26FB S11116	W52H09	\$ 4,530.08
						TOTAL	\$ 4,530.08